

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO. 091992387 FILING DATE _____
APPLICANT(S) _____

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			•		•		•	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1							61						
2							62						
3							63						
4							64						
5							65						
6							66						
7							67						
8							68						
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37							97						
38							98						
39							99						
40							100						
41													
42													
43													
44													
45													
46													
47													
48													
49													
50													
TOTAL IND.	3						TOTAL IND.						
TOTAL DEP.	15						TOTAL DEP.						
TOTAL CLAIMS	18						TOTAL CLAIMS						